

Adapt of Missouri  
ITCD

Arthur Center  
ITCD

Beacon Mental Health  
ITCD, DBT

Boothel Behavioral Health  
ITCD, DBT

Burrell Behavioral Health  
ACT, ACT-TAY, SPECIALTY  
TEAMS, ITCD, DBT

BJC Behavioral Health  
ACT TAY, ITCD, DBT, ICPR  
Non-Residential

Clark Mental Health Center  
ITCD

Compass Health  
ACT, ACT-TAY, SPECIALTY  
TEAMS, ITCD, DBT

Community Counseling Center  
DBT, ITCD

Comprehensive Mental Health  
Services  
ACT-TAY, ITCD

Family Counseling Center  
ITCD

Family Guidance Center  
ITCD

Hopewell  
ITCD, DBT, ICPR Non-  
Residential

Independence Center  
ITCD

Mark Twain Behavioral Health  
ITCD, DBT

Mineral Area  
ITCD

New Horizons  
ITCD

North Central MHC  
ITCD

Ozark Center  
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare  
ITCD

Places for People  
ACT, FACT, ITCD, DBT

Preferred Family Healthcare  
ACT TAY, ITCD, DBT

ReDiscover  
ITCD, DBT

St. Patrick Center  
ACT

Swope Health Services  
ITCD

University Health  
ITCD, DBT

# EVIDENCE BASED SERVICES NEWSLETTER

• **ASSERTIVE COMMUNITY TREATMENT (ACT)**

*WEB PAGE—CLICK HERE*

• **INTEGRATED TREATMENT FOR CO-OCCURRING  
DISORDERS (ITCD)**

*WEB PAGE—CLICK HERE*

• **DIALECTICAL BEHAVIOR THERAPY (DBT)**

*WEB PAGE—CLICK HERE*

SUMMER EDITION

2024

## Hello from DMH

*By Lori Long, EBS & Review Coordinator*

As the “dog days of summer” have arrived, we find ourselves looking for refreshment and replenishment to beat the heat. As compassionate providers serving individuals who are the most needful among our clientele, it is also important to think about refreshment in terms of our own proficiencies, skills and knowledge in effectively helping others. Today, methods of treatment advance quickly, and it may feel like we try to keep up with a moving target. For example, Motivational approaches, Mindfulness skills, Stage Based Interventions, Cognitive Behavioral Therapy and many other best practices have made advances or adaptations that can leave us feeling left “in the dust” at times and our techniques may seem outdated.

One of the best ways to stay up to date with your practice proficiencies is to be part of a treatment team; a multidisciplinary or transdisciplinary team of professionals. I love the approach in DBT of using a “consultation team meeting” where members ensure a big focus of the meeting is on themselves. Not just for consultation about client cases but exploring how the therapist is feeling, performing and remaining effective with each client. It is a time to reflect among colleagues

and get feedback about what may or may not be working in practice. What a great idea this is and could be incorporated in other evidence based teams as well. Could sacred time be carved out by the team to review the needs of the professionals?

We could envision time taken not just to discuss “the tough cases” but what professionals are feeling about their own development, learning, confidence, self care and team fit within the program. When was the last time someone attended an updated training? What did someone learn in the last instruction they had? How does what we learn apply in day-to-day care with individuals? How does one professional’s practice of a technique compare to another persons? How well do we as team members utilize the guidance we receive from our own supervisors? What have we learned from them? Is there opportunity to practice techniques among the team?

There are a multitude of benefits from being within a team; certainly including the opportunity to grow and develop as a professional, seeking input, support and guidance about the skills being used in practice from the other experts on that team!



To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!

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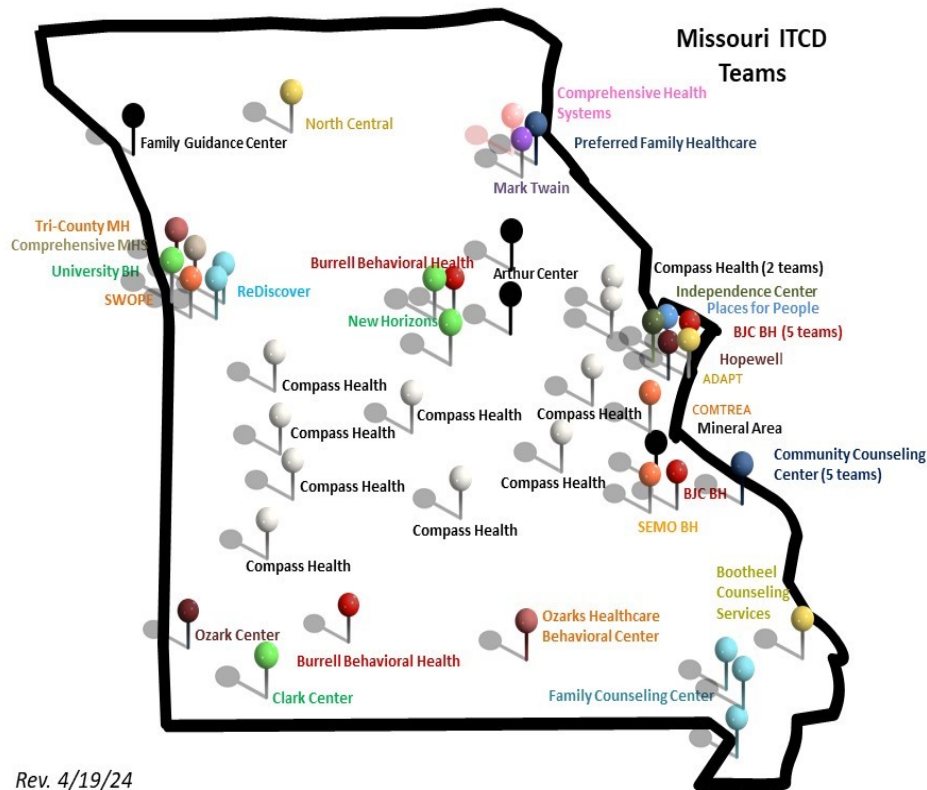
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### NEW DBT TRAININGS BY DMH & ILLUME

“DBT Chain Analysis”, “DBT Commitment Strategies” “DBT Consultation Teams” and “DBT Phone Coaching” by Emily Dreher

Found in the DMH DBT Training Library at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/dbt>

Click the “Training Library” dropdown

#### COMING SOON!

**Mental Illness/Developmental Disorders (MI/DD) specialized training, for ACT and ITCD teams working with individuals having forms of DD as part of their treatment needs. David Lynde, in coordination with the DMH Fidelity Team, will present a series of trainings for teams to better understand the unique needs of individuals as well as how to provide psychiatric rehabilitation, skill building, effective interventions and more. Stay tuned for times/dates for this virtual, free training.**



## Compass Health Clinton ITCD Team

By: Ty Larson

TEAM SPOTLIGHT

Clinton's Compass Health ITCD team has been working to improve the overall co-occurring services provided in Henry County. Compass Health ITCD programs provide robust outpatient services to support substance use and mental health. Our team, led by Ty Larsen consists of; ITCD Specialist Branden Bodine (1 year), CSS Tiffany Johnson (8 years), Cassie Snyder (5 years), Ashlie Dorman (5 years), Amy Millam (4 years), CSS Heather Straisinger (6 months), CPS Breanna Ruth (6 months). This team has shown a dedication to ITCD and deserves the credit for the success of Clintons ITCD program. With guidance from Director Julia Bozarth and others, we have been able to expand our consumer population and the services provided.

The utilization of stage-based services guides our team to ensure consumers are provided optimal support. Our ITCD specialist has provided effective training and support to CSS and CPS staff to create a strong team cohesion. Clinton ITCD team prides itself on coordination between the entire team that creates a strong team dynamic and works toward client support. Our team recently completed our fidelity review with the whole team showing exemplary skills and understanding of co-occurring services and will continue to improve to provide the best consumer services.

### Team quotes

As a newly credentialed substance use counselor working with clients who have co-occurring disorders I have learned resilience and perseverance in the face of setbacks and challenges from them. Recovery from dual diagnosis can be a long and nonlinear process, marked by relapses, barriers, and setbacks along the way. Through my experience, I have learned to approach setbacks as opportunities for growth and learning, and to remain hopeful and supportive of my clients even in the midst of adversity. – *ITCD Specialist Branden Bodine*

What I have learned from being a part of the ITCD team is that you have to be prepared and ready to face whatever comes your way because you just never know what might happen. Our team demonstrates this together by sharing our experiences and giving each other hope; we inspire this hope within our team and distribute it out to our clients. We promote wellness within the team by checking up on each other whether this may be by using teams/coordination of care during our huddles or during supervision. We promote the wellness we learn and use these skills with our clients to help them be successful. I am proud to be a part of the ITCD team due to the continuous passion we show and share with others whether this be colleagues or our clients and for this I believe each of us will never be forgotten. – *CSS Amy Millam*

Being a part of the ITCD team has shown me how our mental health can really be affected by the substances we choose to put in our bodies. It has taught me how addiction can truly take so much from one person and how it not only affects the person with the addiction but others around them as well. I have faced many challenges working with ITCD but I do not and will not let it discourage me from doing my job and still trying to help each client reach their goals – *CSS Heather*

Being a part of the ITCD world has come with many great opportunities. I have had the chance to learn more stage matched interventions and encourage people to be the best people they can be. It has really given me the opportunity to not only be a role model of what sobriety is, but also encourage people to celebrate all small accomplishments. It's given me the opportunity to encourage people to reduce use and take care of the problems caused by their addiction. Not only have I been able to do all those things, but now I also get to work with people as a wellness coach to dive deeper into their physical wellness goals as well! – *CPS Breanna Ruth*



Missouri

Evidence Based Services  
Newsletter

Summer 2024

**For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:**

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/employment-services>

And click on  
"Youth"

**Harvard for Developing Child**

<https://developingchild.harvard.edu/>

**The National Child Traumatic Stress Network**

<https://www.nctsn.org/>

**ITCD Toolkit from SAMHSA**

[Click Here](#)

## Fidelity Corner

### ITCD Outreach-Definitions and Clarification

The SAMHSA Fidelity scoring protocol defines "outreach" as essentially keeping clients engaged in the Integrated Treatment Program. Specifically, as noted in the protocol:

**Definition:** For all consumers in the Integrated Treatment program, but especially for those in the engagement stage, integrated treatment specialists provide assertive outreach by offering practical assistance or connecting consumers with other community services (for example, housing assistance, medical care, crisis management, legal aid, etc.) that meet their needs as a means of developing trust and a working alliance.

**Rationale:** Many consumers in the Integrated Treatment program tend to drop out of treatment due to problems in their lives, low motivation, cognitive impairment, and hopelessness. Effective Integrated Treatment programs use assertive outreach to keep consumers engaged.

In some of the latest feedback in fidelity reviews, outreach to individuals who are not yet enrolled in ITCD is suggested. Why is this, how does it fit within the protocol and what activities then are considered as outreach in addition to those mentioned above?

In co-occurring treatment, teams need to keep people engaged but also to outreach those with co-occurring diagnoses who are eligible but are not yet involved in the program's services. This is relevant, as most ITCD teams are not serving the expected numbers of clients on their teams. We can consider this issue through the lens of "enrollment" in ITCD but essentially, these clients are typically already "enrolled" in CPRC and are eligible for ITCD but have not yet fully engaged in that treatment. Remember that ITCD is "enhanced" CPRC. The identification of their eligibility should have already occurred at initial screening in the agency, and the team is aware of this when determining the number of eligible from the CPRC population. We consider those who are being screened "at the door" and found to be eligible, who need to be routed to ITCD directly, for both CPRC admission and ITCD enrollment. Sometimes caseworkers trained in co-occurring treatment principles and interventions will begin working with eligible clients by using some basic Motivational Interviewing, Harm Reduction and staged based interventions which can lay the foundation for movement into co-occurring treatment with the Specialist.

However, the Specialist can be involved early, by getting things "started". This is outreach and it is part of their role in treatment, for which Specialists need to be given time to provide. This includes introducing themselves to clients, sharing the benefits the program can offer to them, informing about groups, counseling, and employing the true "starting where they are at" approach by explaining the additional client centered services the team offers. This could also mean helping address any immediate needs that may be putting the person at risk, or causing barriers to fully engaging in treatment and even suggesting some harm reduction strategies. It means a soft approach to describing the program, avoiding terminology such as "substance abuse program" or "substance abuse counselor", which can dissuade early staged individuals from being open to the program.

Outreach by the Specialist is also important when considering clients who may be at high risk of harm or disengagement soon after their initial agency screening or identification of eligibility for ITCD. Clients need some sort of "touch" by the Specialist if at all possible, as Specialists are the experts in co-occurring treatment and outreach within the team. The Outreach scale item defines assertive outreach for those in early stages especially. This is the key, in that they are "on caseloads" but haven't started co-occurring treatment. (groups, therapy, assessment) If they are admitted to CPRC, and are essentially co-occurring diagnosed, then the case managers need to alert the Specialist who can then provide that "touch" to educate, welcome and offer hope that help is available. In addition, teams struggling with low penetration of ITCD services and who are tracking those deemed eligible can ensure consideration is given to them.



### Online Manuals:

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT Protocol here:

<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

*At the Institute for Best Practices*

### See our Crisis Services Newsletter:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/crisis-services>

Be sure to check out our training library links on these web pages under "Training Library" Click one below:

[ACT](#)

[ITCD](#)

[DBT](#)



## RESOURCES



### Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

### Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

### Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

### Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

### IPS Employment Center

<https://ipsworks.org/>

### Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

### SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

### Missouri Department of Mental Health

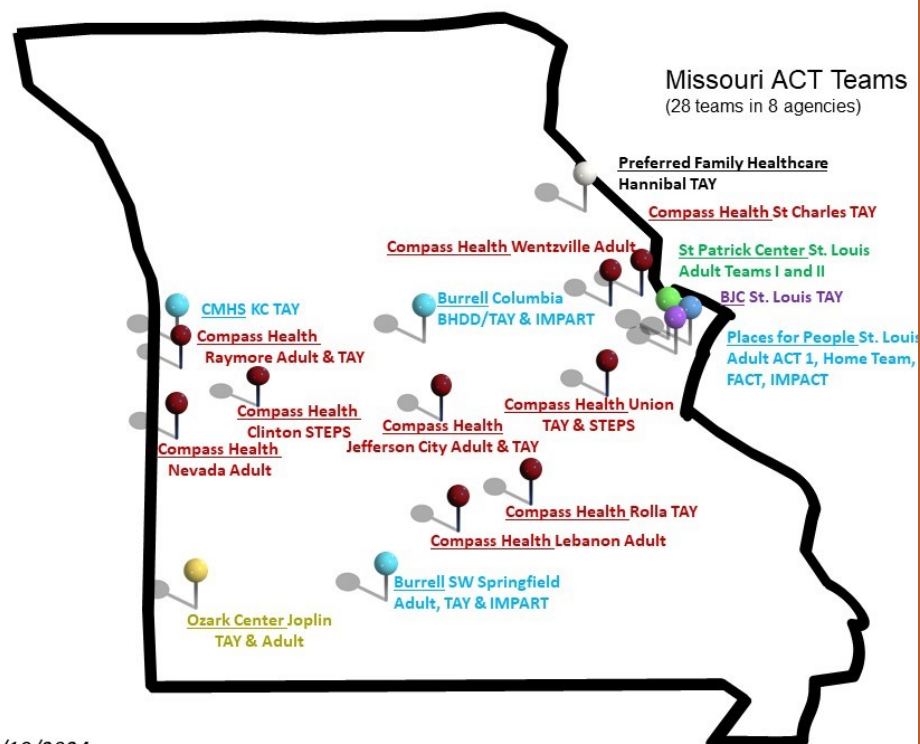
<https://dmh.mo.gov/behavioral-health>

### Missouri Children Trauma Network

<https://www.mocn.com/>

### Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



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To access the free  
and downloadable  
**Supported Housing  
Toolkit** on the  
Substance Abuse  
and Mental Health  
Services Admin-  
istration  
(SAMHSA) web-  
site:  
**CLICK HERE**



Take the free  
**SOAR**  
**online**  
**training**  
**course** by  
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

## ACT Role Training Schedule 2024

**Program Assistant - 2:00 p.m.** (temporarily) with Lori Long  
[lori.long@dmh.mo.gov](mailto:lori.long@dmh.mo.gov)

**2024 quarter/dates:** July 22, Oct 28 **Link to the PA training:** <https://stateofmo.webex.com/join/mdnrvl>

**Peer Specialist -11:00 a.m.** with [Sara Bellew](mailto:Sara.Bellew@dmh.mo.gov) [sara.bellew@dmh.mo.gov](mailto:Sara.Bellew@dmh.mo.gov)

**2024 quarter/dates:** Oct 4<sup>th</sup> **Link to the peer training:**  
<https://stateofmo.webex.com/meet/sara.bellew>

**CSS, CS, IHS - 11:00 a.m.** with Sara Bellew [sara.bellew@dmh.mo.gov](mailto:Sara.Bellew@dmh.mo.gov)

**2024 quarter/dates:** Aug 16<sup>th</sup>, Nov 15<sup>th</sup> **Link to the CSS training:**  
<https://stateofmo.webex.com/meet/sara.bellew>

**RN - 2:00 p.m.** - with Sara Bellew [sara.bellew@dmh.mo.gov](mailto:Sara.Bellew@dmh.mo.gov)

**2024 quarter/dates:** Aug 5<sup>th</sup>, Nov 4<sup>th</sup> **Link to the RN training:**  
<https://stateofmo.webex.com/meet/sara.bellew>

**Co-Occurring Disorders Specialist - 2:00 p.m.** - with Heather Senevey  
[heather.senevey@dmh.mo.gov](mailto:heather.senevey@dmh.mo.gov)

**2024 quarter/dates:** July 22, Oct 28 **Link to the COD training:**  
<https://stateofmo.webex.com/join/heather.senevey>

**Employment & Education Specialist - 2:00 p.m.** - with Sara Gatson  
[sara.gatson@dmh.mo.gov](mailto:Sara.Gatson@dmh.mo.gov)

**2024 quarter/dates:** Sept 16, Dec 16 **Link to the SEE training:**  
<https://stateofmo.webex.com/meet/sara.gatson>

## DMH Fidelity Team

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NAMI Support  
Group listings can  
be found at:

<https://namimissouri.org/support-groups/>



DBT website—information,  
membership, training events,  
certification, directory,  
resources, links and support!

[Click Here](#)

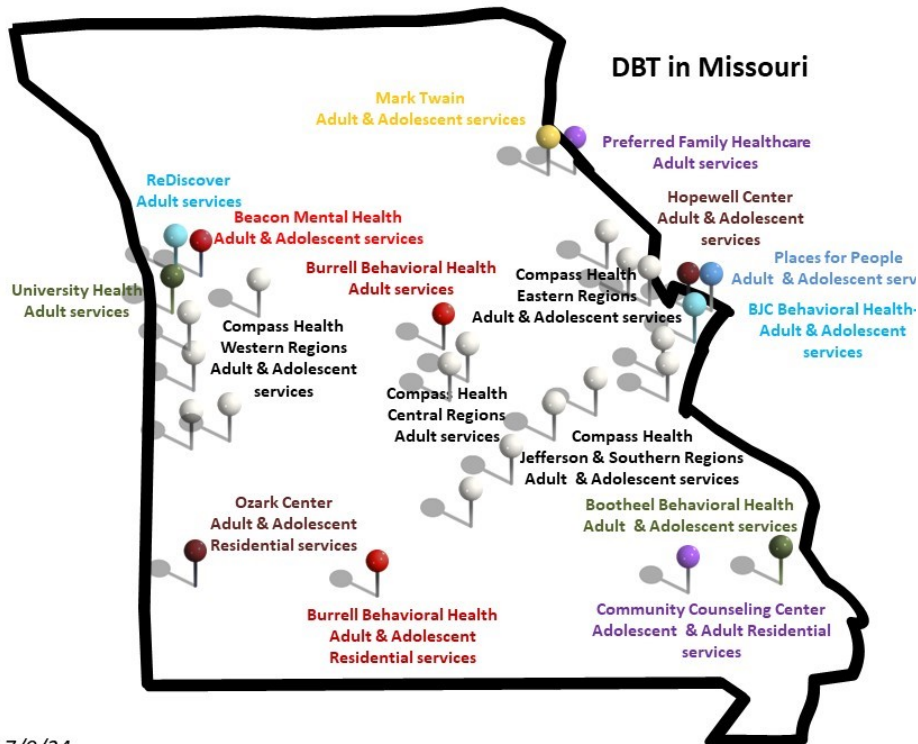


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60 YEARS

National Association of State  
Mental Health Program  
Directors

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Rev 7/9/24

## New Training for ACT Specialized Teams for Parent & Child

JJ Gossrau, Melody Boling and Rachel Jones with DMH present information and strategies for working with families and children. This series of modules and lessons will highlight child development and philosophy as well as working with families.

Helpful for any staff on the team to learn, particularly the team therapists.

Find the training here: <https://youtu.be/grMvfI855nU>



Missouri

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**If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.**

**[skerbyconsulting@gmail.com](mailto:skerbyconsulting@gmail.com)**



RESPECT is a movement begun by international consultant Joel Slack to help educate the public by telling his personal story of the powerful impact that respect (and disrespect) has on a person recovering from a mental illness.

Find out more here:

<https://dmh.mo.gov/constituent-services/respect-institute>

## Motivational Interviewing Corner

By *Scott Kerby*

I recently got to listen to Allan Zuckoff, PhD, long-time Motivational Interviewing trainer and researcher, share some new insights into ambivalence and the role of MI in helping clients build a capacity to better tolerate ambivalence. We know that ambivalence about change often causes discomfort, and people are motivated to reduce that discomfort. Many times we get stuck cycling between avoiding the issue and awareness of ambivalence. We can get impulsive about finding a solution, then failing to stick with the “fix”, and becoming more and more discouraged, despairing, and feeling helpless.

In MI, we are often trying to help people resolve their ambivalence in the direction of change; partnering MI spirit with skillful listening that draws out and strengthens change talk. Recent MI research by Bill Miller pointed out several positives of ambivalence. Ambivalence helps with better decision making on complex problems, builds greater resilience and well-being, and is actually a sign that the person is still open to further information and processing.

Not everyone has the same tolerance for ambivalence. There are many factors that influence one’s ability to tolerate ambivalence, and Zuckoff suggests that MI might be useful in helping client’s grow their capacity for ambivalence. Zuckoff states that “MI can be a space where people learn to tolerate the experience of being ambivalent, rather than

avoiding it, rationalizing the status quo, or immediately “resolving” it through impulsive decisions.” While I am oversimplifying his presentation, Zuckoff offers some ideas on how we can accomplish this with our clients.

1. First and foremost is high quality listening with genuine curiosity.
2. Having a greater appreciation for the value of ambivalence, noting the benefits it gives us as humans (not just something to resolve).
3. Affirmation (admiration and appreciation) when ambivalence is expressed by the client.
4. Orientation toward deeper exploration of what matters most as the context within which ambivalence occurs.

Zuckoff does offer a few caveats to this effort. Building capacity for ambivalence is a difficult task. Clinicians will need to grow in their ability to determine when it is in the person’s best interest to explore ambivalence, and when it is in their best interest to focus on cultivating change talk. As you continue to work with clients and your staff, it might be helpful to expand your views of ambivalence, the value of ambivalence, and how it can best be discussed in session. Thanks for all the work you do serving our state. Until next time, keep reflecting!





# Arts & Literature

Expression



Creativity

Send art (photos, photos of artwork, testimonials, poems, etc.) to Lori Long at [lori.long@dmh.mo.gov](mailto:lori.long@dmh.mo.gov) for submission to this newsletter.

Please indicate if the artist wishes to be named along with the location/team they receive services from.

Thank you!

Dear ACTAY,

It has been a pleasure working with you guys. If you ever had doubts about whether you make an impact on people's lives, I'm a walking testimony that you do. You've all given me something to battle life w/ As I graduate after 7 long years, I am 16 months sober, Assistant manager, have a car, stable housing, and can honestly say I AM HAPPY! Your support has truly changed my life and to anyone wondering, life gets better. You can live a normal life with a mental illness and recovery is amazing. I was a meth addict for 6 years! If I can do it, you can too. Thanks for everything guys! I'll pass the message.

♡ Christi 9/6/23

This poem is a reflection of how I feel now and how I see life now that I am more mentally stable:

Brighter Days  
 Brighter days are ahead  
 I see sunshine in my future  
 The horizon looks bright  
 Greater times are on the way

By: Crystal Peters



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Thank you!

## "Sweet Dixie"

As I walked through the garden I met a nice dame  
With golden brown hair and eyes like the rain

When I looked in her eyes feelings it'd bring  
Like happiness brought by this sweet little thing

Oh sweet Dixie with eyes so blue  
You're the sweetest woman that I ever knew

I'd search the garden again for you  
Just to be with my love oh so true

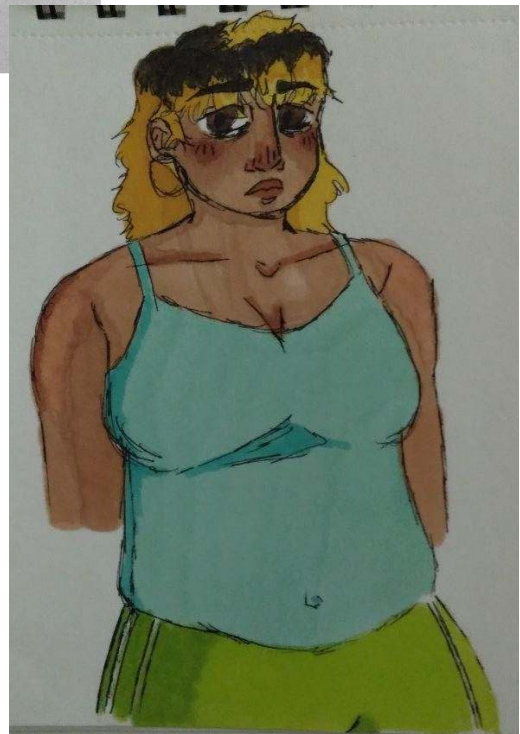
One day I gave her a diamond ring  
Which made her heart leap as with joy she did sing

Now we're together just her and me  
Out in the country where no one can see

Just me and my dame where no one can see  
~~Just me and my dame where no one can see~~  
Together Forever and totally Free

**Sweet Dixie—Poem  
by Matt  
Joplin**

By:  
Columbia







# Arts & Literature

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Please indicate if the artist wishes to be named along with the location/team they receive services from.

Thank you!



By: Rayne Wood—Raymore

